

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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FUNERAL DIRECTORS EXAMINING BOARD FUNERAL ESTABLISHMENT APPLICATION

License No. _____
Issued: _____

1. NAME OF ESTABLISHMENT	2. PHONE NUMBER OF ESTABLISHMENT ()
3. ADDRESS OF ESTABLISHMENT (Street, City, State, Zip Code)	
4. NAME OF INDIVIDUAL OR BUSINESS ENTITY OWNER	5. PHONE NUMBER OF OWNER ()
6. ADDRESS OF OWNER (Street, City, State, Zip Code)	
7. TYPE OF OWNERSHIP <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Sole Owner</div><div><input type="checkbox"/> Partnership</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Other</div></div>	8. LIST PARTNERS OR CORPORATE OFFICERS a. _____ b. _____ c. _____ d. _____ e. _____
9. FULL-TIME LICENSEE IN CHARGE _____	11. IF A NEW LOCATION, ENTER FORMER LOCATION OF ESTABLISHMENT
10. CHECK ONE: <input type="checkbox"/> New Location <input type="checkbox"/> New Establishment <input type="checkbox"/> Change of Ownership or Control	
12. IS THIS THE ONLY ESTABLISHMENT OPERATED IN WISCONSIN BY THE OWNER IN # 5? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list other establishments and their locations on attached sheet.	13. IF A CHANGE OF OWNERSHIP OR CONTROL, ENTER NAME OF FORMER SOLE OWNER OR OWNERSHIP ENTITY
14. LIST ALL PERSONS EMPLOYED IN THIS ESTABLISHMENT (USE ADDITIONAL SHEET IF NECESSARY): <div style="display: flex; justify-content: space-between;"><div><u>LICENSEES:</u> NAME: _____ NAME: _____ NAME: _____</div><div><u>ALL NON-LICENSED EMPLOYEES:</u> NAME: _____ NAME: _____ NAME: _____</div></div>	
15. <u>REGISTERED APPRENTICES AT ESTABLISHMENT:</u> NAME: _____ NAME: _____	For Receipting Use Only
16. IF OWNER IN #4 IS CONTROLLED BY ANOTHER ENTITY OR IS A SUBSIDIARY OF ANOTHER CORPORATION OR OTHER BUSINESS ENTITY, NAME THAT ENTITY:	
Application Fee: Make check payable to Department of Regulation and Licensing and attach check to application. \$ 53.00 Establishment fee	

Wisconsin Department of Regulation & Licensing

17. STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Has the owner/operator of the establishment ever been convicted of a misdemeanor or a felony? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does the owner/operator of the establishment have any felony or misdemeanor charges pending against it? <u>If YES, attach a sheet providing details about the pending charge, including status of the charge and the location of court.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the owner/operator of the establishment ever surrendered, resigned, cancelled or been denied a professional license or any other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the type of license and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Does the owner/operator of the establishment currently hold, or has the owner/operator held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

-
- | | | |
|---|--------------------------|--------------------------|
| 18. Are any of the licensed funeral directors in this establishment financially, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Is the owner or operator of this establishment financially, through an ownership or operation interest or otherwise, connected with a Wisconsin cemetery? If yes, please explain.

If the owner or operator of this establishment is controlled by another business entity or is a subsidiary of another business entity, is the controlling business entity or the parent business entity, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain.

Wisconsin Department of Regulation & Licensing

19. PLEASE ANSWER EACH OF THE FOLLOWING:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Funeral director's licenses and certificates of apprenticeship are conspicuously displayed in the place of business. (Section 445.09, Wis. Stats.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Board-issued funeral establishment permit will be conspicuously displayed in the funeral establishment. (Section 445.105(1), Wis. Stats.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. We have prepared the required price disclosures. ((FTC Regulations, 16 CFR 453.2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Every installation used for embalming operations has a floor area of not less than 100 square feet per embalming table and is used solely for embalming. The embalming area is isolated by walls or adequate partitions. (FD 1.09(1), Wis. Admin. Code). |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The walls and furniture of the embalming installation area are constructed of material that is easily washed and disinfected. (FD 1.09(1), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The installation used for embalming is equipped with hot and cold running water supply under pressure and is in quantity sufficient for operations performed therein and for cleaning the room. (FD 1.09(1), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Waste water flows into the main sewer, if available, or an adequate septic tank. (FD 1.09(1), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Hand washing facilities are easily accessible. (FD 1.09(1), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. All preparation rooms are equipped with adequate sanitary facilities so that no health hazards are produced as a result of embalming operations performed therein. (FD 1.09(2), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. All preparation rooms are equipped with a ventilating system capable of expelling gas or fumes to an outside point so as not to create a nuisance. (FD 1.09(3), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. All preparation rooms are equipped with a hard surface, metal or porcelain top embalming table. (FD 1.09(3), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. All preparation rooms are equipped with a set of essential embalming instruments and a supply of disinfectants. (FD 1.09(3), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. All preparation rooms, equipment, instruments and supplies are in a clean and sanitary condition. (FD 2.10(1), Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. We have prepared a protocol and made it available to staff, relating to handling a body that contains radioisotope. (FD 2.11, Wis. Admin. Code) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Embalming fluid has been diluted to the percentage of concentration recommended by the manufacturer of the embalming fluid. (Section HFS 136.05, Wis. Admin. Code) |

-CONTINUED ON NEXT PAGE-

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YES NO

☐☐

16. We have prepared an Exposure Control Plan and made it accessible to staff, designed to eliminate or minimize exposure to blood or other potentially infectious materials. **(OSHA Regulation. See 29 CFR 1910.1030)**

☐☐

17. Personal protective equipment is available, including gloves, gowns, face shields, masks, drench showers, eye washers, and eye protection. **(OSHA Regulation. See 29 CFR 1910.1030)**

☐☐

18. We will comply with the requirements, relating to regulated waste containers. **(OSHA Regulation. See 29 CFR 1910.1030)**

☐☐

19. We will follow precautions relating to formaldehyde, including respiratory protection, protective gloves, eye protection and protective clothing. **(OSHA Regulation. See 29 CFR 1910.1030)**

20. I state that all statements contained in this application are each and all strictly true in every respect, and that the owner/operator identified in #4 on page 1 will operate the funeral establishment at this address in accordance with Chapter 445, Stats., and any applicable federal statutes and regulations.

I have enclosed the following (please check the box in front of each statement, as a reminder for you to include a copy of the document with your application):

☐ Statement of Goods and Services
☐ Pricing Card

☐ Current General Price List
☐ List of Caskets Available for Purchase

Signature of Owner/Operator, Officer or Partner

Date: _____

Print or Type Name of Person Signing Above

FOR NEW LOCATION ONLY

1. On what date do you expect this establishment to be ready for inspection: _____

2. Please give the name and telephone number of the individual to contact to set up an inspection.

Name: _____

Telephone Number: () _____

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ADDENDUM TO APPLICATION – BUSINESS ENTITIES

Information requested is required for processing.

EMPLOYER IDENTIFICATION NUMBER. Your employer identification number or your social security number if you are a sole proprietorship must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

Business Entity Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

FEIN

Type of Credential (License) applying for

The Department may not disclose the employer identification number or social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.⁶ If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.²

#2552 (4/03)

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

⁵ Section 440.14, Wis. Stats.

⁶ Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Social Security Number _____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code